

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	11-200
FORMALITY REVIEW	BZ	397	12-11-00
RESPONSE FORMALITY REVIEW	AI-H-	675	04-13-21

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-Excluded  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

**BEST AVAILABLE COPY**

Claim	Final	Original	Date
1	✓	✓	6/14/04
2		✓	7/27/04
3		✓	6/28/02
4	✓	✓	6/27/02
5		✓	6/27/02
6		✓	6/27/02
7	✓	✓	6/27/02
8		✓	6/27/02
9		✓	6/27/02
10	✓	✓	6/27/02
11		✓	6/27/02
12		✓	6/27/02
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14	✓	✓	6/27/02
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50		✓	6/27/02

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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